State of Washington

Department of Retirement Systems

BENEFICIARY DESIGNATION for LEOFF and WSPRS Members

Olympia, WA 98504-8380 Telephone: (800) 547-6657 Olympia area: (360) 664-7000

PO Box 48380

Covers death that occurs as a result of injuries sustained in the course of employment

Reference: Chap. 226, Laws of 1996

Important: Before completing this form	n, carefully r	read the inst	ructions on t	he back.		,	
SECTION ONE: IDENTIFICATION Please print and complete in full Last name First name				Middle name			
Retirement System – check one only Washington State Patrol La					Social Security Number		
Telephone Number (Work or Daytime) (Telephone Numb	er (Home) (
SECTION TWO: BENEFICIARY DESIGNATION	N See back	of form for ins					
Full name of persons or estate	Designation	Relationship	Date of Birth	Address			
	Primary Contingent			Street			
Social Security #:	Check one			City	State	Zip	
Solar Gooding #:	Primary Contingent			Street			
				City	State	Zip	
Social Security #:	Check one			Street		•	
	Primary Contingent Check one			Sileet			
Social Security #:				City	State	Zip	
,	Primary Contingent			Street			
Casial Casumita #				City	State	Zip	
Social Security #:	Check one			Street			
	Primary Contingent			City	State	7in	
Social Security #:	Check one			City	Sidie	Zip	
Trusts or organizations	Designation	Trustee or Admin	istrator	Address			
Name:	Primary Contingent			Street			
	Check one			City	State	Zip	
I,	ne, but if none surv	rive, such monies valuetructions to this for	vill be paid in equal		nt beneficiaries name	ed above	
	Signature of Member				Date		
	Address						
	City			State	Zip Code		
SECTION FOUR: WITNESS To be comple				_	nis document	num ont	
Witness's name - please print		, ani witness	mat me above nar	med member completed	and signed this doc	ument.	
	Signature of	Witness			Date		
	Address City			State	Zip Code		
	City			State	Zip Code		

Note to Members and Retirees: This form **cannot** be used to designate a beneficiary to receive a monthly survivor benefit or a refund of retirement contributions from the Department of Retirement Systems.

Instructions: Use this form to designate or change your beneficiary(s) eligible to apply for benefits under Chapter 226, Laws of 1996. This law provides a \$150,000 benefit if your death occurs as a result of injuries sustained in the course of employment as a law enforcement officer or firefighter. **Eligibility to receive the benefits will be determined by the Department of Labor and Industries**.

Your designated primary and contingent beneficiary or beneficiaries may be a person, persons, your estate, a trust, or an organization. Primary beneficiaries will receive any monies payable under this law. If no primary beneficiary is alive at the time of your death, the contingent beneficiary(s) will receive the money. If there is no designated beneficiary still living at the time of your death, the death benefit will be paid to your surviving spouse. If there is no surviving spouse, the benefit will be paid to your legal representative.

To make your designation:

- 1. Complete Section One.
- 2. In Section Two, type or print in ink the requested information and check the appropriate box to indicate whether you wish to make that person or entity a primary or contingent beneficiary.

When naming a person, always show given names. For example: MARY K. DOE (not Mrs. Robert Doe)

You may designate more than one primary beneficiary. If you do, the benefit will be divided equally among all named primary beneficiaries.

After naming your primary beneficiary(s), you may name one or more contingent beneficiaries. If the primary beneficiaries are no longer living, the benefit will be divided equally among all contingent beneficiaries.

- Complete and sign Section Three.
- 4. To protect members from fraudulent claims, it is required that another person witness the member's signature on this document and complete and sign Section Four. The witness must be someone other than a designated beneficiary.
- 5. The form must be returned to your employer to be made a permanent part of your personnel file.

Important: Make a copy of your beneficiary designation and retain it for periodic and review to ensure that it is remains valid.

26 United States Code, Sections 6047(D), 6041(A), and 6109(A)(3) authorize DRS to solicit your Social Security number.

- DRS uses your Social Security number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- · Routinely, DRS uses the Social Security number as the identifying number for the member file.
- If you do not provide your Social Security number, DRS cannot guarantee that the information you are providing on this form will be properly matched with your member records. This is a particular risk if your name is a fairly common one. Failure to provide your Social Security number may also result in misreporting to the Internal Revenue Service of any disbursements you receive, which may result in adverse tax consequences for you.
- Because DRS uses your Social Security number in order to report disbursements to the IRS as required under federal law, The disclosure of your Social Security number is mandatory.